

June 21, 2016

ATC Group Services  
Attn: Mr. Robert Smith  
46555 Humboldt, Suite 100  
Novi, MI 48377

**Project: Matrix Human Services**

Dear Mr. Robert Smith,

Enclosed is a copy of the laboratory report for the following work order(s) received by TriMatrix Laboratories:

<b>Work Order</b>	<b>Received</b>	<b>Description</b>
1606225	06/09/2016	Lakewood

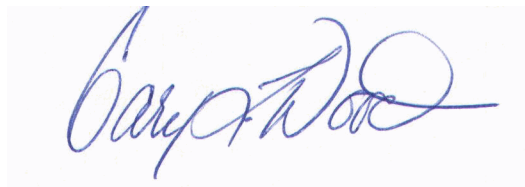
This report relates only to the sample(s) as received. Test results are in compliance with the requirements of the National Environmental Laboratory Accreditation Program (NELAP) and/or one of the following certification programs:

ANAB DoD-ELAP/ISO17025 (#ADE-1542); Arkansas DEP (#88-0730/13-049-0); Florida DEP (#E87622-24); Georgia EPD (#E87622-24); Illinois DEP (#200026/003329); Kentucky DEP (AL123065/#0021); Michigan DPH (#0034); Minnesota DPH (#491715); New York ELAP (#11776/53116); North Carolina DNRE (#659); Virginia DCLS (#460153/7952); Wisconsin DNR (#999472650); USDA Soil Import Permit (#P330-14-00305).

Any qualification or narration of results, including sample acceptance requirements and test exceptions to the above referenced programs, is presented in the Statement of Data Qualifications and Project Technical Narrative sections of this report. Estimates of analytical uncertainties and certification documents for the test results contained within this report are available upon request.

If you have any questions or require further information, please do not hesitate to contact me.

Sincerely,



Gary L. Wood  
Project Chemist

**PROJECT TECHNICAL NARRATIVE(s)**

No Project Narrative is associated with this report.

**STATEMENT OF DATA QUALIFICATIONS**

All analyses have been validated and comply with our Quality Control Program.  
No Qualification is required.

## ANALYTICAL REPORT

Client: **ATC Group Services**  
 Project: Matrix Human Services  
 Client Sample ID: **1-F-P-LW, Kitchen Faucet**  
 Lab Sample ID: **1606225-01**  
 Matrix: Drinking Water

Work Order: **1606225**  
 Description: Lakewood  
 Sampled: 06/07/16 06:32  
 Sampled By: Andrew Rauser  
 Received: 06/09/16 16:30

### Metals in Drinking Water by EPA 200 Series Methods

Analyte	Analytical Result	RL	Action Limit	Unit	Dilution Factor	Method	Date Time Analyzed	By	QC Batch
Lead	<0.0010	0.0010	0.015	mg/L	1	USEPA-200.8 Rev. 5.4	06/20/16 11:21	MSB	1606242

## ANALYTICAL REPORT

Client: <b>ATC Group Services</b>	Work Order: <b>1606225</b>
Project: Matrix Human Services	Description: Lakewood
Client Sample ID: <b>2-F-P-LW, Boys Bathroom Left Faucet</b>	Sampled: 06/07/16 06:36
Lab Sample ID: <b>1606225-03</b>	Sampled By: Andrew Rauser
Matrix: Drinking Water	Received: 06/09/16 16:30

### Metals in Drinking Water by EPA 200 Series Methods

Analyte	Analytical Result	RL	Action Limit	Unit	Dilution Factor	Method	Date Time Analyzed	By	QC Batch
Lead	<0.0010	0.0010	0.015	mg/L	1	USEPA-200.8 Rev. 5.4	06/20/16 11:22	MSB	1606242

**ANALYTICAL REPORT**

Client: **ATC Group Services**  
Project: Matrix Human Services  
Client Sample ID: **3-F-P-LW, Girls Bathroom Left Faucet**  
Lab Sample ID: **1606225-05**  
Matrix: Drinking Water

Work Order: **1606225**  
Description: Lakewood  
Sampled: 06/07/16 06:40  
Sampled By: Andrew Rauser  
Received: 06/09/16 16:30

**Metals in Drinking Water by EPA 200 Series Methods**

Analyte	Analytical Result	RL	Action Limit	Unit	Dilution Factor	Method	Date Time Analyzed	By	QC Batch
Lead	<0.0010	0.0010	0.015	mg/L	1	USEPA-200.8 Rev. 5.4	06/20/16 11:23	MSB	1606242

## QUALITY CONTROL REPORT

### Metals in Drinking Water by EPA 200 Series Methods

QC Type	Sample Conc.	Spike Qty.	Result	Unit	Spike % Rec.	Control Limits	RPD	RPD Limits	RL
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**Analyte:** Lead/USEPA-200.8 Rev. 5.4

QC Batch: 1606242 (Metals Direct Analysis)

Analyzed: 06/20/2016 By: MSB

Method Blank			<0.0010	mg/L					0.0010
Laboratory Control Sample		0.0400	<b>0.0383</b>	mg/L	96	85-115			0.0010

**PRETREATMENT SUMMARY PAGE**

Client: **ATC Group Services**  
Project: **Matrix Human Services**

<b>Pretreatment</b>	<b>Lab Sample ID</b>	<b>Batch</b>	<b>By</b>	<b>Date &amp; Time Prepared</b>
USEPA 600/R-94/173	1606225-01	1606242	PNS	06/16/16 12:27
	1606225-03	1606242	PNS	06/16/16 12:27
	1606225-05	1606242	PNS	06/16/16 12:27



**For Lab Use Only**

 5560 Corporate Exchange Court SE, Grand Rapids, MI 49512  
 Phone (616) 975-4500 Fax (616) 942-7463 www.trimatrixlabs.com

**Analyses Requested**

Pg. 1 of 1

PRESERVATIVES

- A NONE pH~7
- B HNO<sub>3</sub> pH<2
- C H<sub>2</sub>SO<sub>4</sub> pH<2
- D 1+1 HCl pH<2
- E NaOH pH>12
- F ZnAcNaOH pH>9
- G MeOH
- H Other (note below)

VOA Rack/Tray

Client Name

Project Name

ATC Group Services

Matrix Human Services - Lakewood

Receipt Log No.

Address

Client Project No. / P.O. No.

Project Chemist

City, State Zip

Invoice To

Work Order No.

Phone:

Contact/Report To

Email

Robert.smith@atcassociates.net

Robert Smith

Schedule

Matrix Code

Field Sample ID

Cooler ID

Sample Date

Sample Time

Matrix

Number of Containers Submitted

Container Type (corresponds to Container Packing List)

Total

Sample Comments

1 1-F-P-LW, Kitchen Faucet

6/7/16

632

X

DW

X

1

1

1

1

1

1

1

1

1

1

1

2 1-F-F-LW, Kitchen Faucet

6/7/16

633

X

DW

X

1

1

1

1

1

1

1

1

1

1

1

3 2-F-P-LW, Boys bathroom Left Faucet

6/7/16

636

X

DW

X

1

1

1

1

1

1

1

1

1

1

1

4 2-F-F-LW, Boys bathroom Left Faucet

6/7/16

637

X

DW

X

1

1

1

1

1

1

1

1

1

1

1

5 3-F-P-LW, Girls bathroom Left Faucet

6/7/16

640

X

DW

X

1

1

1

1

1

1

1

1

1

1

1

6 3-F-F-LW, Girls bathroom Left Faucet

6/7/16

641

X

DW

X

1

1

1

1

1

1

1

1

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1

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13

14

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# SAMPLE RECEIVING / LOG-IN CHECKLIST



Client <u>ATC</u>	Work Order #: <u>16010225</u>
Receipt Record Page/Line # <u>22-26</u>	Project Chemist / Sample #s

Recorded by (initials/date) <u>LA 6/10/16</u>	<input checked="" type="checkbox"/> Cooler <input type="checkbox"/> Box <input type="checkbox"/> Other	Qty Received <u>1</u>	Thermometer Used <input checked="" type="checkbox"/> IR Gun (#202) <input type="checkbox"/> Digital Thermometer (#54) <input type="checkbox"/> Other (# )	<input type="checkbox"/> See Additional Cooler Information Form
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Cooler #	Time	Cooler #	Time	Cooler #	Time	Cooler #	Time
<u>4m2389</u>	<u>0749</u>						
Custody Seals: <input checked="" type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		Custody Seals: <input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		Custody Seals: <input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		Custody Seals: <input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact	
Coolant Type: <input type="checkbox"/> Loose Ice <input type="checkbox"/> Bagged Ice <input type="checkbox"/> Blue Ice <input checked="" type="checkbox"/> None		Coolant Type: <input type="checkbox"/> Loose Ice <input type="checkbox"/> Bagged Ice <input type="checkbox"/> Blue Ice <input type="checkbox"/> None		Coolant Type: <input type="checkbox"/> Loose Ice <input type="checkbox"/> Bagged Ice <input type="checkbox"/> Blue Ice <input type="checkbox"/> None		Coolant Type: <input type="checkbox"/> Loose Ice <input type="checkbox"/> Bagged Ice <input type="checkbox"/> Blue Ice <input type="checkbox"/> None	
Coolant Location: Dispersed / Top / Middle / Bottom Temp Blank Present: <input type="checkbox"/> Yes <input type="checkbox"/> No If Present, Temperature Blank Location is: <input type="checkbox"/> Representative <input type="checkbox"/> Not Representative		Coolant Location: Dispersed / Top / Middle / Bottom Temp Blank Present: <input type="checkbox"/> Yes <input type="checkbox"/> No If Present, Temperature Blank Location is: <input type="checkbox"/> Representative <input type="checkbox"/> Not Representative		Coolant Location: Dispersed / Top / Middle / Bottom Temp Blank Present: <input type="checkbox"/> Yes <input type="checkbox"/> No If Present, Temperature Blank Location is: <input type="checkbox"/> Representative <input type="checkbox"/> Not Representative		Coolant Location: Dispersed / Top / Middle / Bottom Temp Blank Present: <input type="checkbox"/> Yes <input type="checkbox"/> No If Present, Temperature Blank Location is: <input type="checkbox"/> Representative <input type="checkbox"/> Not Representative	
Observed °C	Correction Factor °C	Actual °C		Observed °C	Correction Factor °C	Actual °C	
Temp Blank:				Temp Blank:			
Sample 1:	<u>22.8</u>	<u>-</u>	<u>22.8</u>	Sample 1:			
Sample 2:	<u>22.7</u>	<u>-</u>	<u>22.7</u>	Sample 2:			
Sample 3:	<u>22.8</u>	<u>-</u>	<u>22.8</u>	Sample 3:			
3 Sample Average °C: <u>22.8</u>				3 Sample Average °C:			
<input type="checkbox"/> Cooler ID on COC? <input type="checkbox"/> VOC Trip Blank received?				<input type="checkbox"/> Cooler ID on COC? <input type="checkbox"/> VOC Trip Blank received?			

If any shaded areas checked, complete Sample Receiving Non-Conformance and/or Inventory Form

<b>Paperwork Received</b> Yes No <input checked="" type="checkbox"/> <input type="checkbox"/> Chain of Custody record(s)? If No, Initiated By _____ <input checked="" type="checkbox"/> Received for Lab Signed/Date/Time? <input type="checkbox"/> Shipping document? <input type="checkbox"/> Other _____ <b>COC Information</b> <input checked="" type="checkbox"/> TriMatrix COC <input type="checkbox"/> Other _____ COC ID Numbers: _____	<b>Check Sample Preservation</b> N/A Yes No <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Temperature Blank OR average sample temperature, ≥6° C? <input checked="" type="checkbox"/> <input type="checkbox"/> If either is ≥6° C, was thermal preservation required? If "Yes", Project Chemist Approval Initials: _____ If "Yes" Completed Non Con Cooler - Cont Inventory Form? <input checked="" type="checkbox"/> Completed Sample Preservation Verification Form? <input checked="" type="checkbox"/> Samples chemically preserved correctly? If "No", added orange tag? <input checked="" type="checkbox"/> Received pre-preserved VOC soils? <input type="checkbox"/> MeOH <input type="checkbox"/> Na <sub>2</sub> SO <sub>4</sub>
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<b>Check COC for Accuracy</b> Yes No <input checked="" type="checkbox"/> <input type="checkbox"/> Analysis Requested? <input checked="" type="checkbox"/> <input type="checkbox"/> Sample ID matches COC? <input checked="" type="checkbox"/> <input type="checkbox"/> Sample Date and Time matches COC? <input checked="" type="checkbox"/> <input type="checkbox"/> Container type completed on COC? <input checked="" type="checkbox"/> <input type="checkbox"/> All container types indicated are received?	<b>Check for Short Hold-Time Prep/Analyses</b> <input type="checkbox"/> Bacteriological <input type="checkbox"/> Air Bags <input type="checkbox"/> EnCores / Methanol Pre-Preserved <input type="checkbox"/> Formaldehyde/Aldehyde <input type="checkbox"/> Green-tagged containers <input type="checkbox"/> Yellow/White-tagged 1 L ambers (SV Prep-Lab) <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <b>AFTER HOURS ONLY:</b>          COPIES OF COC TO LAB AREA(S)  <input checked="" type="checkbox"/> NONE RECEIVED  <input type="checkbox"/> RECEIVED, COCs TO LAB(S)       </div>
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<b>Sample Condition Summary</b> N/A Yes No <input checked="" type="checkbox"/> <input type="checkbox"/> Broken containers/lids? <input checked="" type="checkbox"/> <input type="checkbox"/> Missing or incomplete labels? <input checked="" type="checkbox"/> <input type="checkbox"/> Illegible information on labels? <input checked="" type="checkbox"/> <input type="checkbox"/> Low volume received? <input checked="" type="checkbox"/> <input type="checkbox"/> Inappropriate or non-TriMatrix containers received? <input checked="" type="checkbox"/> <input type="checkbox"/> VOC vials / TOX containers have headspace? <input checked="" type="checkbox"/> <input type="checkbox"/> Extra sample locations / containers not listed on COC?	<b>Notes</b> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div> <input type="checkbox"/> Trip Blank received            Cooler Received (Date/Time) <u>6/9/16 1630</u> </div> <div> <input type="checkbox"/> Trip Blank not listed on COC            Paperwork Delivered (Date/Time) <u>6/10/16 0845</u> </div> <div>           ≤1 Hour Goal Met?  <u>Yes / No</u> </div> </div>
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Client <b>ATC Lakewood</b>	Work Order # <b>1606225</b>
Receipt Log # <b>22-24</b>	Completed By (initials/date) <b>SLC 6/10/16</b>
Project Chemist _____	

COC ID # <b>160612361</b>	Adjusted by: _____ Date: _____	DO NOT ADJUST pH FOR THESE CONTAINER TYPES
Container Type	5 / 23      4      13	6      15
Tag Color	Lt. Blue      Blue      Brown	Red      Red Stripe
Preservative	NaOH      H <sub>2</sub> SO <sub>4</sub> H <sub>2</sub> SO <sub>4</sub>	HNO <sub>3</sub> HNO <sub>3</sub>
Expected pH	<b>&gt;12</b> <b>&lt;2</b> <b>&lt;2</b>	<b>&lt;2</b> <b>&lt;2</b>
COC Line #1		✓
COC Line #2		✓
COC Line #3		✓
COC Line #4		✓
COC Line #5		✓
COC Line #6		✓
COC Line #7		
COC Line #8		
COC Line #9		
COC Line #10		
Comments		

pH Strip Reagent # <b>6040263</b>	<input checked="" type="checkbox"/> <b>6040263</b> <input type="checkbox"/> _____
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Aqueous Samples: For each sample and container type, check the box if pH is acceptable. If pH is not acceptable for any sample container, record pH in box, and note on Sample Receiving Checklist and on Sample Receiving Non-Conformance Form. If approved by Project Chemist, add acid or base to the sample to achieve the correct pH. Add up to, but do not exceed 2x the volume initially added at container prep (see table below for initial volumes used). Add orange pH tag to sample container and record information requested. Record adjusted pH on this form. Do not adjust pH for container types 6 and 15.

COC ID #	Adjusted by: _____ Date: _____	DO NOT ADJUST pH FOR THESE CONTAINER TYPES
Container Type	5 / 23      4      13	6      15
Tag Color	Lt. Blue      Blue      Brown	Red      Red Stripe
Preservative	NaOH      H <sub>2</sub> SO <sub>4</sub> H <sub>2</sub> SO <sub>4</sub>	HNO <sub>3</sub> HNO <sub>3</sub>
Expected pH	<b>&gt;12</b> <b>&lt;2</b> <b>&lt;2</b>	<b>&lt;2</b> <b>&lt;2</b>
COC Line #1		
COC Line #2		
COC Line #3		
COC Line #4		
COC Line #5		
COC Line #6		
COC Line #7		
COC Line #8		
COC Line #9		
COC Line #10		
Comments		

Container Size (mL)	Original Vol. of Preservative (mL)
Container Type 5	NaOH
500	2.5
1000	5.0
Container Type 4	H <sub>2</sub> SO <sub>4</sub>
125	0.5
250	1.0
500	2.0
1000	4.0
Container Type 13	H <sub>2</sub> SO <sub>4</sub>
500	2.5